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•	International Applica	tion No.	
REQUEST	International Filing I	Date	
The undersigned requests that the present international application be processed	Name of receiving (Office and "PCT International Application"	
according to the Patent Cooperation Treaty.	Applicant's or agen (if desired) (12 char	r's file reference octors maximum, WOP14201A	
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OT NO. II APPLICANT This per	rson is also inventor		
and address: (Family name followed by given name: for a legal	l entity, full official designation of the address indicated in the indicated below.)	Telephone No.	
Seiko Epson Corporation		Facsimile No.	
4-1, Nishishinjuku 2-chome, Shinjuku-ku,		Teleprinter No.	
Tokyo 163-0811, JP		Applicant's registration No. with the Office 13759	
	. State (that is, con	untry) of residence:	
State (that is, country) of nationality: JP	JP		
This person is applicant all designated all designated the United Seates	ignated States except ited States of America	of America only the Supplemental Sc	
THE FURTHER APPLICANT(S) AND/OR (F)	URTHER) INVENTO	R(S)	
Name and address: (Family name followed by given name: for a leg- The address must include postal code and name of country. The count Box is the opplicant's Same (that is, country) of residence if no State of re	gal entity, full official design try of the address indicated esidence is indicated below.)	This person is: applicant only	
SHIELDS Paul William c/o Epson Scotland Design Centre		applicant and inventor	
c/o Epson Scotland Design Centre inventor only (If this check-be is marked, do not fill in below			
The Alba Campus Livingston EG54 7EG		Applicant's registration No. with the Of	
Scotland GB State (that is, country) of nationality:	State (that is, co	ountry) of residence:	
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The person identified below is hereby/has been appointed of the applicant(s) before the competent International Aut	to act on behalf horities as:	X agent representative	
The person identified below is hereby/has been appointed of the applicant(s) before the competent International Autorities and address: (Family name followed by given name; for a The patress must include postal code and mediately and the Elizabeth Miller Sturt Kenyon	to act on behalf horities as:	X agent representative	
The person identified below is hereby/has been appointed of the applicant(s) before the competent International Autorities and address: (Family name followed by given name; for all the patters must include postal code and not KENYON Sarah Elizabeth Miller Sturt Kenyon 9 John Street London WCIN 2ES	to act on behalf horities as:	Telephone No. +44(0)20 7242 5974	
The person identified below is hereby/has been appointed of the applicant(s) before the competent International Autority name followed by given name; for a The address must include postal code and in KENYON Sarah Elizabeth Miller Sturt Kenyon 9 John Street	to act on behalf thorities as: legal entity, full official designment of country.)	X agent representative	



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